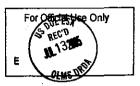
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM_LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-20

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -06-200

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

261/	4///04 Through: 3/3//05		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name ROBERT W GORDON JR	Name TEAMSTERS AFL-GID 16320		
	Labor Organization File Number 006-200		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2917 N 21 ST	Street 3917 N 2.1 S+		
	,		
CHY SUPERIOR	City SUPERIOR		
State W ZIP Code + 4 5 4 8 6 0	State W ZIP Code + 4 54880		
5. Position in labor organization.			
Conserved and an advantage of the parameters of			
Enter appropriate data below if, during the past fiscal year, you or your spo			
	usions set forth in the Instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name NaNE			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
71D October 1			
State ZIP Code + 4			
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	ying documents), has been examined by the signatory and is, to the best of the		
undersigned's knowledge and belief, true, correct, and complete. (See the se	ction on penalties in the instructions.)		
Signed Kullala D	on 18 /2 /2 715-397-6361		
Signed	Clate Telephone Number		
Form LM-30 (2003)	Page 1 of 2		

Name of Person Filling ROBERT W GORDON	JL	File Number U-		
B 'd an interest in or derived income or economic benefit with monetary value from a business (1) a s itial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business d reployer whose employees your labor organization represents or is actively seeking to represent, or (2,, y part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Naw E	a. Labor Organiza	ation		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer	•		
Street				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.		
Name DONE		The section of the se		
de Name, if any:	A THE STATE OF THE			
. Box, Bldg., Room No., if any				
લ	11.b. Approximate dollar va	ue of such dealing		
,	12.a. Nature of interest he	E description of the control of the		
State ZIP Code + 4	12.a. Natore of interest fie	III OF WEATHER TECETACION		
State : Zii Gode 1 4	1			
	1 !			
		-		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.			
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